NOTIFICATION

Sub: Make-up Examination for Mid-Term Even Sem. March 2020 for PG students.

All students who could not appear in Mid-Term Even Semester Examination March 2020 due to valid reason as per Clause R.1(B).23 of Academic Programmes Ordinance & Regulation 2019 may apply for Make-up Exam for Mid-Term Even Semester Examination latest by 20/03/2020 explaining the reason for their absence. The students should make application for Make-up Examination to Dean Academic (PG) duly recommended through HoD.

Following documents are to be submitted:

1. Formal application in prescribed format of the Ordinance & Regulations indicating dates of absence and specific subjects and their codes in which they could not appear for Mid-Term Examination.
2. Original Medical certificates from authorized physician as mentioned in prescribed format.
3. Documents in support of absence for any other valid reason.

No application for Make-up Examination without recommendation of HoD will be entertained.

(Prof. Suresh C. Sharma)
Dean Academic (PG)

Copy to:

1. PS to the VC for kind information to the Hon’ble Vice Chancellor.
2. Registrar, DTU.
3. All Deans.
4. All HoDs: With the request to bring of knowledge of PG students and display on Notice Boards.
5. Head (USME).
6. Controller of Examinations.
7. Superintendent (PG Examinations).
8. Director, Physical Education, DTU.
9. Librarian.
10. Head (CC): With the request to upload on Academic (PG) portal of DTU Website.
11. Mr. Piyush Vaish, Co-ordinator, ERP.

(Dr. Rishu Chaujar)
Associate Dean - Academic (PG)
# ANNEXURE-F

## Academic-PG Section

**DELHI TECHNOLOGICAL UNIVERSITY**

**FORM OF APPLICATION**

For

Make-up Examination for Mid/End Semester (Odd/Even) Examination 201____ 201____

---

The form when completed should be submitted to:

- Associate Dean (PG)
- Academic Section (P.G)
- Delhi Technological University

<table>
<thead>
<tr>
<th>For use by the Academic Section (PG)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permitted by Dean Acad. (PG)/</td>
</tr>
<tr>
<td>NOT Permitted by Dean Acad. (PG).</td>
</tr>
</tbody>
</table>

---

To be filled in by the applicant

- **Name**: ........................................
- **Address for Communication**: ........................................
- **Roll No.**: ........................................
- **Mobile No.**: ........................................
- **Email**: ........................................

---

## A. Courses requested for Make-up Examination:

<table>
<thead>
<tr>
<th>S. No</th>
<th>Course Code</th>
<th>Name of the course</th>
<th>Credits</th>
<th>Date &amp; time slot of the Exams scheduled</th>
<th>Reason for missing the Exams</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
B. Supported Mandatory Documents for the claim:
(Please tick the annexed documents below)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Recommendation of concerned Warden (if the student resides in University Hostel)</td>
</tr>
<tr>
<td>2</td>
<td>Medical Certificate issued by the Medical Officer of the Hospital the student was admitted duly endorsed by Medical Officer of University Health Centre</td>
</tr>
<tr>
<td>3</td>
<td>Proof of admission in Hospital and discharge slip etc</td>
</tr>
<tr>
<td>4</td>
<td>Proof of medical tests conducted.</td>
</tr>
<tr>
<td>5</td>
<td>Fitness certificate of the hospital.</td>
</tr>
<tr>
<td>6</td>
<td>Endorsement by parent/guardian on the certificate of treatment (if the student is a Day Scholar).</td>
</tr>
<tr>
<td>7</td>
<td>Medical certificate from hospital where Parents/real brother or sister/spouse was admitted in ICU duly endorsed by Medical Officer or University Health Centre.</td>
</tr>
<tr>
<td>8</td>
<td>Prior Approval of Dean Academic (PG) for any authorized work in the academic interests.</td>
</tr>
</tbody>
</table>

DECLARATION

I hereby solemnly declare that the foregoing facts are true and correct and nothing is false therein and nothing material has been concealed there from. I also agree that in case any information given by me herein before is found false at later date, the result for the requested courses for make-up examinations be cancelled.

Signature of the Parents/Guardian Name (in Capital Letters)  
Signature of Student Name (in Capital Letters)

Date:  
Place:  

Date:  
Place: